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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

	Application Number	09/886,613		
	Filing Date	June 22, 2001		
	First Named Inventor	Benjamin Kane	RECEIV	FD
	Group Art Unit	3625	ITEOFIA	
	Examiner Name	R. Rhode	JUL 6 2	004
	Attorney Docket Number	19693.0002	CDALID	
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To: Assistant Commissioner for Patents Washington, DC 20231									
I hereby apply to withdraw as attorney or agent for the above identified application.									
The reasons for this request are: Failure of applicant to communicate with or provide payments to the undersigned.									
1. The correspondence address is NOT affected by this withdrawal.									
2. 🔀 Change the correspondence address and direct all future correspondence to:									
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Firm or Individual Name Mr. Robert Krause, Globecom Interactive									
Address									
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City	Reston	State	VA	ZIP	20191				
Country	USA								
Telephone	(703) 621-4500 Ext. 131	Fax	(703) 621-4477						
This request is enclosed in triplicate.									
Name John P. Moran									
				.					
Signature & M.									
Date 0 7-1-09									
NOTE: Withdrawal is effective when approved rather than when received									
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.									

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